

**EXHIBIT 5-D -- INDIVIDUAL DIRECT BENEFIT RECORDING FORM**  
**(To be Completed by Head of Household)**

*(Name of CDBG Grantee)* is required by the federal regulations governing the Community Development Block Grant Program to request the following information in order for the Montana Department of Commerce to monitor this agency's compliance with federal equal opportunity and fair housing laws.

**You are not required to furnish this information, but are encouraged to do so.** Federal law provides that an agency may not discriminate on the basis of this information, nor on the basis of whether you choose to furnish the information. However, if you choose not to furnish it, this agency is required to note race, gender and/or handicap status on the basis of visual observation and/or surname.

If you do **not** wish to provide the requested information, please check the following box:

**I do not wish to furnish this information.**

-----

**Please check the boxes below for all characteristics which apply to the**  
**head of household.**

**Ethnicity:** (select only one)

- Hispanic or Latino
- Not Hispanic or Latino

**Race:** (select one or more)

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native *and* White
- Asian *and* White
- Black or African American *and* White
- American Indian or Alaskan Native *and* Black or African American
- Other Multi-racial (balance of individuals reporting more than one race)

**Other Needed Information:** (select all that apply)

- Female
- Male
- Handicapped / Disabled
- Elderly (over age 62)

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

~ ~ ~ ~ ~

*(If applicable, when the person declines to furnish the information):*

On the basis of sight or surname, the above information has been noted by:

Name: \_\_\_\_\_ Initialed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_